L. O. SIMENSTAD NURSING UNIT 301 RIVER STREET, P.O. BOX 218

OSCEOLA 54020 Phone: (715) 294-5641 Ownership: Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/02): 40 Title 18 (Medicare) Certified? No
Total Licensed Bed Capacity (12/31/02): 40 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/02: 39 Average Daily Census: 37

Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 2.6 | Under 65 0.0 | More Than 4 Years 17.9 | No | Mental Illness (Org./Psy) 56.4 | 65 - 74 Day Services No | Mental Illness (Other) 2.6 | 75 - 84 Respite Care No | Mental Illness (Other) 2.6 | 75 - 84 No | Alcohol & Other Drug Abuse 0.0 | 85 - 94 35.9 | Adult Day Care 38.5 | ****************** 7.7 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents 100.0 | (12/31/02) Congregate Meals No | Cancer 0.0 0.0 No | Fractures Home Delivered Meals 5.1 | 65 & Over 100.0 |-----No | Cardiovascular Other Meals 15.4 | ------ | RNs No | Cerebrovascular Transportation 2.6 | Sex % | LPNs No | Diabetes Referral Service No | Respiratory 5.1 | ----- | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 10.3 | Male 25.6 | Aides, & Orderlies 49.0 ---- | Mentally Ill ---- | Female 74.4 Provide Day Programming for 100.0 I Developmentally Disabled No | 100.0 | ************************************

Method of Reimbursement

| | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | | | | |
|--------------------|------------------------|-----|------------------------|-----|-------|---------------------|----------------|-----|---------------------|-----|-----------------|---------------------|-----|-----|---------------------|-----|-----|---------------------|-------------------------|-------|
| Level of Care | No. | ୧ | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | ojo | Per Diem (\$) | No. | ્ | Per Diem (\$) | No. | ୧ | Per Diem (\$) | Total Resi- dents | Of |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 0 | 0.0 | 0 | 18 | 90.0 | 125 | 0 | 0.0 | 0 | 18 | 94.7 | 125 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 36 | 92.3 |
| Intermediate | | | | 2 | 10.0 | 102 | 0 | 0.0 | 0 | 1 | 5.3 | 108 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 3 | 7.7 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 20 | 100.0 | | 0 | 0.0 | | 19 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 39 | 100.0 |

L. O. SIMENSTAD NURSING UNIT

| ******** | **** | ******* | ****** | ***** | ***** | ***** | ***** | | | | | |
|--------------------------------|-----------|--|-------------|-------|---------------|---------------------------|-----------|--|--|--|--|--|
| Admissions, Discharges, and | 1 | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 | | | | | | | | | | |
| Deaths During Reporting Period | | | | | | | | | | | | |
| | 1 | | | | % Needing | | Total | | | | | |
| Percent Admissions from: | | Activities of | % | As | sistance of | % Totally | Number of | | | | | |
| Private Home/No Home Health | 21.1 | Daily Living (ADL) | Independent | One | Or Two Staff | Dependent | Residents | | | | | |
| Private Home/With Home Health | 10.5 | Bathing | 0.0 | | 76.9 | 23.1 | 39 | | | | | |
| Other Nursing Homes | 13.2 | Dressing | 12.8 | | 64.1 | 23.1 | 39 | | | | | |
| Acute Care Hospitals | 52.6 | Transferring | 35.9 | | 46.2 | 17.9 | 39 | | | | | |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 30.8 | | 51.3 | 17.9 | 39 | | | | | |
| Rehabilitation Hospitals | 0.0 | | 64.1 | | 17.9 | 17.9 | 39 | | | | | |
| Other Locations | 2.6 * * | ***** | ***** | ***** | ***** | ****** | ***** | | | | | |
| Total Number of Admissions | 38 0 | Continence | | % | Special Treat | ments | 90 | | | | | |
| Percent Discharges To: | | Indwelling Or Externa | al Catheter | 0.0 | Receiving R | Respiratory Care | 12.8 | | | | | |
| Private Home/No Home Health | 13.9 | Occ/Freq. Incontinent | of Bladder | 61.5 | Receiving T | racheostomy Care | 0.0 | | | | | |
| Private Home/With Home Health | 13.9 | Occ/Freq. Incontinent | of Bowel | 28.2 | Receiving S | Suctioning | 0.0 | | | | | |
| Other Nursing Homes | 13.9 | | | | | stomy Care | 2.6 | | | | | |
| Acute Care Hospitals | 8.3 1 | Mobility | | | Receiving T | 'ube Feeding | 0.0 | | | | | |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restrained | l | 0.0 | Receiving M | Mechanically Altered Diet | s 33.3 | | | | | |
| Rehabilitation Hospitals | 0.0 | | | | | | | | | | | |
| Other Locations | 0.0 | Skin Care | | | Other Residen | t Characteristics | | | | | | |
| Deaths | 50.0 | With Pressure Sores | | 5.1 | Have Advanc | e Directives | 97.4 | | | | | |
| Total Number of Discharges | | With Rashes | | 10.3 | Medications | | | | | | | |
| (Including Deaths) | 36 | | | | Receiving F | sychoactive Drugs | 43.6 | | | | | |

| | This | Other | Hospital- | All | | |
|--|----------|---------|------------------|-------|--------|--|
| | Facility | Based F | Based Facilities | | ilties | |
| | 용 | 응 | Ratio | 용 | Ratio | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 92.5 | 87.4 | 1.06 | 85.1 | 1.09 | |
| Current Residents from In-County | 56.4 | 84.3 | 0.67 | 76.6 | 0.74 | |
| Admissions from In-County, Still Residing | 23.7 | 15.2 | 1.56 | 20.3 | 1.17 | |
| Admissions/Average Daily Census | 102.7 | 213.3 | 0.48 | 133.4 | 0.77 | |
| Discharges/Average Daily Census | 97.3 | 214.2 | 0.45 | 135.3 | 0.72 | |
| Discharges To Private Residence/Average Daily Census | 27.0 | 112.9 | 0.24 | 56.6 | 0.48 | |
| Residents Receiving Skilled Care | 92.3 | 91.1 | 1.01 | 86.3 | 1.07 | |
| Residents Aged 65 and Older | 100.0 | 91.8 | 1.09 | 87.7 | 1.14 | |
| Title 19 (Medicaid) Funded Residents | 51.3 | 65.1 | 0.79 | 67.5 | 0.76 | |
| Private Pay Funded Residents | 48.7 | 22.6 | 2.16 | 21.0 | 2.32 | |
| Developmentally Disabled Residents | 2.6 | 1.5 | 1.76 | 7.1 | 0.36 | |
| Mentally Ill Residents | 59.0 | 31.3 | 1.88 | 33.3 | 1.77 | |
| General Medical Service Residents | 10.3 | 21.8 | 0.47 | 20.5 | 0.50 | |
| <pre>Impaired ADL (Mean) *</pre> | 46.2 | 48.9 | 0.94 | 49.3 | 0.94 | |
| Psychological Problems | 43.6 | 51.6 | 0.84 | 54.0 | 0.81 | |
| Nursing Care Required (Mean)* | 8.0 | 7.4 | 1.08 | 7.2 | 1.11 | |